WASHINGTON STATE WORK STUDY PROGRAM

TIME SHEET

| Student Employee's Name (Print) | ATTENTION EMPLOYERS | |
|--|---|--|
| Last First | Type or complete in ink all items requested. Verify the information for accuracy. An incorrect or blank item may delay reimbursement. This time sheet MUST be received by the student's college/university within 15 DAYS from the end of the current pay period or REIMBURSEMENT MAY BE DENIED. | |
| Student's Social Security Number | | |
| Student's College/University | | |
| | Once the institution submits the time sheet to the Higher Education Coordinating Board, you should receive your reimbursement check within 3–6 weeks if | |
| Student's Job Title | | |
| . First Day Hours Were Worked: / / / Month Day Year | no corrections are needed. At the end of the state's fiscal year, it may be 1 or 2 weeks longer. | |
| . Last Day Hours Were Worked: / / / | 11. Hourly Rate of Pay\$ | |
| Month Day Year | 12. Gross Compensation \$ | |
| Record of Actual Hours Worked | 13. FICA\$ | |
| 01 16 | 14. Other Deductions \$ | |
| 02 17 | 15. Net Earnings \$ | |
| 03 18 | 16 | |
| 04 19 | Name of Employing Business or Organization (Print) | |
| 05 20 | 17 | |
| 06 21 | Firm's Federal I.D. Number Suffix | |
| 07 22 | "This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactorily, continues to have work study eligibility, and has been paid by check the amount of net earnings as shown. I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that the foregoing is true and correct" (must be signed and dated on or | |
| 08 23 | | |
| 09 24 | | |
| 10 25 | | |
| 11 26 | | |
| 12 27 | | |
| 13 28 | after last day student worked). | |
| 14 29 | 18Supervisor's Signature | |
| 15 30 | Supervisor's Signature | |
| 31 | Print Supervisor's Name | |
| . Total Hours Worked: | 19 | |
| "I hereby certify that this time sheet is a true and | Date Signed (on or after last day worked) | |
| correct statement of hours worked by me and that I do | 20. Date Received by College/University | |
| have work study eligibility to cover my gross earnings." | 21. Received and Authorized by | |
| Student's Signature | 22. Institution Code | |
| 0 | 23. Position Number | |
| Date Signed (on or after last day worked) | 24. Reimbursement Rate: 65% 50% Other | |

INSTRUCTIONS FOR COMPLETING THE TIME SHEET

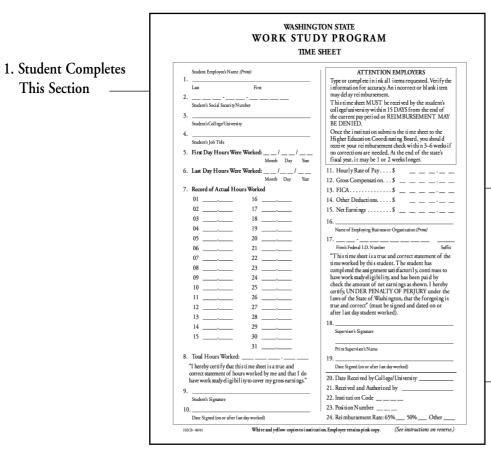
Students: Complete the left hand column of this form. For "First Day Hours Were Worked," enter the first day (month/day/year) in this pay period on which you worked. For "Last Day Hours Were Worked," enter the last day (month/day/year) in this pay period on which you worked. On the "Record of Actual Hours Worked," enter the appropriate number of hours worked on the line corresponding to the date that work was performed. At the end of the pay period, total up the "Total Hours Worked" and enter that figure on the designated line. READ AND SIGN THE STATEMENT regarding your certification of the hours reported and your continued eligibility for the work study program. Be sure to date the form on or after the last day worked. Give the form to your employer (supervisor).

Employers: After reading the notice in the upper portion of the right hand column of the form, type or print in ink the information regarding hourly pay rate, deductions, etc. Calculate the student's net earnings and enter that figure. READ THE EMPLOYER'S CERTIFICATION STATEMENT located in the middle of the right hand column, then sign, print your name, and date the form. Retain the pink copy and forward the yellow and white copies to the student's college or university for processing. IMPORTANT: This form must be completed accurately. Any blank or incorrect items may delay your reimbursement check. Also, the form MUST be forwarded to the student's college or university within 15 days of the end of the pay period being reported OR REIMBURSEMENT MAY BE DENIED.

College/University: Verify the information on the time sheet, and complete the bottom right hand portion of the form. Retain the yellow copy and forward the white time sheet directly to the HECB. Use the codes below for "Institution Code," THE TIME SHEET MUST BE COMPLETED AND FORWARDED TO THE HECB AS SOON AS POSSIBLE so that the employer's reimbursement will not be delayed.

| INDEPENDENT COLLEGE AND UNIVERSITY CODES (HECB Codes Assigned) | | | |
|--|---------------------------------|-------------------------------|--|
| Bastyr3090 | Northwest College3130 | Seattle University3170 | |
| Cornish Institute3100 | Pacific Lutheran University3140 | University of Puget Sound3190 | |
| Gonzaga University3120 | St. Martin's College3150 | Walla Walla College3200 | |
| Heritage College3110 | Seattle Pacific University3160 | Whitman College3210 | |
| | | Whitworth College3220 | |

EXAMPLE Washington State Work Study Time Sheet



2. Employer Completes This Section

In order to receive prompt reimbursement from the HECB, please ensure that the form is completed accurately and forwarded within the prescribed time period.

3. College/University Completes This Section

In order to expedite the employer's reimbursement, please process and forward the time sheet to the HECB as soon as possible.